# The FA Charter Standard Club Programme Incident/Accident Reporting Form

Skelton United Football Club

Incident/Accident Reporting Form

1. **Site where accident took place**
2. **Name of person in charge of**
3. **Name of injured person**
4. **Address of injured person**
5. **Date and time of incident/accident**
6. **Nature of accident/incident**
7. **Give details of how and precisely where the accident took place.**
8. **Describe what activity was taking place, eg. training programme, getting changed, etc.**
9. **Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s).**
10. **Were any of the following contacted**

Police Yes 🞏 No 🞏

Ambulance Yes 🞏 No 🞏

Parent/Guardian Yes 🞏 No 🞏

1. **What happened to the injured person after the accident?**

**(eg. went home, went to hospital, carried on with session)**

1. **All of the above facts are a true and accurate record of the incident/accident.**

**Signed**

Name (Print)

Date